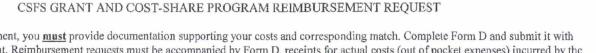


Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	
Volunteer or Rural Fire Assistance (VFA/RFA)	
Colorado Forest Restoration Grant 2012 H3 W32	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA)	
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	
Emergency Supplemental Funds (ESF)	
Checked for Federal suspension and debarment (State Office) https://www.sam.gov/portal/public/SAM/	
Name: Larimer County Natural Resources Address: 1800 5. County Rd 31	
Leveland, co 80537	
The above named has submitted a project application that has been reviewed and approve by the Colorado State Forest Service.	ed
Grant Number: 1929500 - FC - 06 Non-Federal Match: \$20,041,56	
Approved Funding: \$25,000 Total Project: \$45,041,56	
CSFS Account Number: 1929500 - FC - 06 Amount of Payment: \$25,000	
Circle one: 1 st Payment 2 nd Payment 3 rd Payment Final Payment	
Program Manager Signature Date:	
Program Manager Name	







In order to receive reimbursement, you <u>must</u> provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and you must show corresponding match.

1. Project/Account #: 1929500-FC-06		2. Total Award Amo	ount: 25,000	
3. Project Name: Hermit Park Open Space HB 12-1032		4. Reimbursed Amou	nt to Date: 0	
5. Make Payment To: Name: Larimer County Natural Resources Attn: Meegan Flenniken Address: 1800 S. County Road 31 Loveland, CO 80537	6. Period of Perfo From; July 201 To: October 20		d):	
7. What has been accomplished? Please provide a description of accomplishments specific and report numbers such as acres treated, numbers of defensible spaces, tor of plans written, etc., for which the award was granted. <u>Attach additional sheets as a second plans</u> .	is of, cubic feet or ya			
Primarily, dense and diseased trees were mechanically removed by hand crews (cordensities to an average crown spacing of 15 feet and cut patches to create openings stacked for future pile burning throughtout the majority of the unit, slash was lop at	in unnaturally dense	stands of ponderosa a	nd mixed conifer. S	
8. Reimbursement request amount cannot exceed the total project award obligation amount must comply with the appropriate cost-share requirement for the period bei to recipient.				
A. Remaining Award Amount (recipient cost) B. Reimbursement Requested Amount (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)	
(Company)	1			1
		B+C+D	(C+D)/E	
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25,000 25,000 20,000		45,000 45,000 ude Form D, and other appr	45% 44%	
* Use results from Form D CSFS Financial Assistance Cost Documentation Worksheet to with Exhibit B to request reimbursement.	apleted and documented	45,000 ude Form D, and other approint above or attached.	coved documentation R1 Discuss set forth in the	project
* Use results from Form D CSFS Financial Assistance Cost Documentation Worksheet to with Exhibit B to request reimbursement. Reimbursement Request: I request reimbursement in the amount of \$25,000 for the work con D. I certify that to the best of my knowledge this report is correct and complete, ar	apleted and documented	45,000 ude Form D, and other approint above or attached.	45% 44%	project
* Use results from Form D CSFS Financial Assistance Cost Documentation Worksheet to with Exhibit B to request reimbursement. Reimbursement Request: I request reimbursement in the amount of \$25,000 for the work conduction. 1. I certify that to the best of my knowledge this report is correct and complete, and documents (i.e. award notification, scope of work, etc.). All expenses and all cost-slip.	apleted and documented	45,000 ude Form D, and other approint above or attached.	coved documentation R1 Discuss set forth in the	project
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* Use results from Form D CSFS Financial Assistance Cost Documentation Worksheet to with Exhibit B to request reimbursement. Reimbursement Request: I request reimbursement in the amount of \$25,000 for the work conduction. D. I certify that to the best of my knowledge this report is correct and complete, and documents (i.e. award notification, scope of work, etc.). All expenses and all cost-sl. Grant Recipient Signature: 40. Certification: Work meets minimum standards and specifications as set forth by the CSFS in the conduction of the conduc	npleted and documented and that all outlays rephare are true and accu	45,000 ude Form D, and other appropriate date for the purporate. Date:	coved documentation \mathbb{R}^{1} oses set forth in the $10/31/2a$	project
* Use results from Form D CSFS Financial Assistance Cost Documentation Worksheet to with Exhibit B to request reimbursement. Reimbursement Request: I request reimbursement in the amount of \$25,000 for the work conduction. D. I certify that to the best of my knowledge this report is correct and complete, and documents (i.e. award notification, scope of work, etc.). All expenses and all cost-slipe of the conduction of the conduction of the cost of the conduction of the conduc	npleted and documented and that all outlays rephare are true and accu	45,000 ude Form D, and other appropriate date for the purporate. Date:	coved documentation \mathbb{R}^{1} oses set forth in the $10/31/2a$	project

Form D



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

lorado tate			Project/Ac nt (obligated from fund A. Remaining Av	ling source): ward Amount:	1929500-FC-06				
	· · · · · · · · · · · · · · · · · · ·	Reimbursen	nent Request:	First	Second	Third	Fourth	Fifth	☑ Fine
			Mate	·h			i		
		B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)***a	D. Non-recipient Cost*b	E. Total Project Cost = B+C+D	F. Recipient Match Rate = {C+D}/E	24	1081/14	
			\$0.00 20,000	\$0.00	\$25,000.00	A 2442	190		
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/IALS:	fabrication and an income	nt Cost (Match)=	\$0.00 \$0.00 \$0.00			110		/	
				Grant Recip	pient Signature:	Mide	lul	Date:	131/20
				District For	ester Signature:			Date:	

Overall Summary Sheet Hermit Park Open Space Fuels Treatment and Forest Stewardship Project HB12-1032 Grant Award #1929500-FC-06

Final Reimbursement Submittal

	Contract Work/Grant Share*	Hard/In-Kind Match**
Personnel/Labor*	\$25,000.00	\$20,041.56
Equipment	,	
Operating		
Total	\$25,000.00	
Final Reimbursement Request	\$25,000.00	

^{*}See attached spreadsheet showing hours worked by contracted crews

^{**}See attached spreadsheet showing both Hard Match and In-Kind Match



DEPARTMENT OF NATURAL RESOURCES

· Visitor Services

October 31, 2014

Boyd Lebeda Colorado State Forest Service Bldg #1052 Foothills Campus Fort Collins, CO 80523-5075

Dear Boyd,

Please find attached the final reimbursement request for \$25,000 for treating a total of 40 acres with the supporting documentation for the Larimer County Natural Resources Department Hermit Park Open Space HB 12-1032 (Grant Project # 1929500-FC-06).

Project Summary:

Primarily, dense and diseased trees were mechanically removed by hand crews (contracted thru Larimer County Emergency Services). Crews reduced stand densities to an average crown spacing of 15 feet and cut patches to create openings in unnaturally dense stands of ponderosa and mixed conifer. Slash was stacked for future pile burning throughtout the majority of the unit, slash was lop and scattered in the steepest and more remote locations.

Dollars for match were hard dollars from the Larimer County Emergency Services Program, ASU and volunteer time for stacking slash and Larimer County staff time on-site.

Please call if any questions or concerns. As always, it is a pleasure to partner with the Colorado State Forest Service on implementation of forest management activities on our public lands.

Respectfully,

Meegan Flenniken

Resource Program Manager

(970) 619-4562

Hermit Park Open Space Fuels Treatment and Forest Stewardship Project HB12-1032 Grant Award #1929500-FC-06

In-Kind Labor Match

Contributor	Hours	Unit Cost	Total
Larimer County Natural Resources			
Meegan Flenniken	9	\$52.55	\$472.95
Field Staff Supervision	32	\$28.96	\$926.72
Volunteers	430	\$22.41	\$9,636.30
Larimer County Alternative Sentencing Units			
31 inmates for 8 hours	248	\$22.14	\$5,490.72
Larimer County Emergency Services Crews			\$3,514.87
TOTAL IN-KIND MATCH			\$20,041.56

Need Map from Tony to show 40 acres;

Hermit Park

HB12-1032 40 acres

Grant

\$ 24,000.00

Hard Total \$ 4,500.00

Balance

\$ 28,500.00 \$ (14.88)

	Stapleton	Anderson	LoCascio	Darlington	Smith	Krause	Huggins	Trousil	Megnack	Fuel	Equip
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07/07/14											
07/08/14											
07/09/14											1
07/10/14											1
07/11/14			ž.								1
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07/23/14		10	10	10		10	10	10	10	2 2 2	7
07/24/14	5	10	7	10		10		10	10	2	6
07/25/14	V.									l	
07/26/14										1	
07/27/14										1	
07/28/14										1	1
07/29/14		8	9	8		9		9	9	2	6
07/30/14											
07/31/14		10	10	10				10	10	2	5
Hour	0	48	46	48	0	29	20	49	49	10	30
Wage	\$20.25	\$18.86	\$16.75	\$14.75	\$14.75	\$14.75	\$14.75	\$14.75	\$14.75	\$20/day	\$15/saw
Total	\$0.00	\$905.28	\$770.50	\$708.00	\$0.00	\$427.75	\$295.00	\$722.75	\$722.75	\$200.00	\$450.00
Benefits	\$0.00	\$525.06	\$323.61	\$92.04	\$0.00	\$55.61	\$38.35	\$93.96	\$93.96		
Labor	\$0.00	\$1,430.34	\$1,094.11	\$800.04	\$0.00	\$483.36	\$333.35	\$816.71	\$816.71	\$5,774.61	
Material										\$650.00	
Total										\$6,424.61	

08/01/14		10	10	10		10		10	10		
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08/02/14											
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Hour	100	66.5	56.5	40	120	76.5	60	96.5	145	18	71
Wage	\$20.25	\$18.86	\$16.75	\$14.75	\$14.75	\$14.75	\$14.75	\$14.75	\$14.75	\$20/day	\$15/saw
Total	\$2,025.00	\$1,254.19	\$946.38	\$590.00	\$1,770.00	\$1,128.38	\$885.00	\$1,423.38	\$2,138.75	\$360.00	\$1,065.00
Benefits	\$384.75	\$727.43	\$397.48	\$76.70	\$230.10	\$146.69	\$115.05	\$185.04	\$278.04		
Labor	\$2,409.75	\$1,981.62	\$1,343.85	\$666.70	\$2,000.10	\$1,275.06	\$1,000.05	\$1,608.41	\$2,416.79	\$14,702.34	
Material										\$1,425.00	
Total										\$16,127.34	

09/01/14 09/02/14	10	10	10	10	10	10	10	10	10	2	8
09/03/14	10	10	10	10	10	10	10	10	10	2	8
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Hour	36	26	38	20	30	36	36	20	36	6	22
Wage	\$20.25	\$18.86	\$16.75	\$14.75	\$14.75	\$14.75	\$14.75	\$14.75	\$14.75	\$20/day	\$15/saw
Total	\$729.00	\$490.36	\$636.50	\$295.00	\$442.50	\$531.00	\$531.00	\$295.00	\$531.00	\$120.00	\$330.00
Benefits	\$138.51	\$284.41	\$267.33	\$38.35	\$57.53	\$69.03	\$69.03	\$38.35	\$69.03		
Labor	\$867.51	\$774.77	\$903.83	\$333.35	\$500.03	\$600.03	\$600.03	\$333.35	\$600.03	\$5,512.92	1
Material										\$450.00	
Total										\$5,962.92	

Hermit Park Open Space 2013 HB12-1032 Project Completio 2008 Treatment Area 2009 Treatment Area 2008-2009 USFS Forest Treatment Area 2014 Treatment Area



Hermit Park Open Space (Larimer County)

Other Site Features

- Existing On-site Structures
- Roads
- Wells
- Welands

Forest Management Areas

Previously Treated Areas
USFS Treatment Units
Completed Project Area



Colorado State University Fort Collins, Colorado 80523-5060 (970) 491-6303 FAX: (970) 491-7736

June 10, 2013

Meegan Flenniken Larimer County 1800 S. County Road 31 Loveland CO 80537

Dear Meegan,

I am pleased to inform you that your application for the 2013 Colorado Forest Restoration Grant Program, established by the General Assembly through 2012 House Bill 1032, has been selected for a financial assistance grant. We would like to offer you \$25,000 in state grant funds to support your project titled **Hermit Park Open Space**.

All projects that involve on-the-ground forest management will comply with *Colorado Forest Stewardship Guidelines to Protect Water Quality: Best Management Practices*, which are available on the Colorado State Forest Service (CSFS) website at http://csfs.colostate.edu/pdfs/ForestryBMP-CO-2010.pdf. If you have any questions about this, please contact your CSFS District Forester using the information provided below.

The amount being offered to you may be less than you requested in your project proposal. If you cannot complete the project with the reduced amount, please notify me immediately at (970) 491-6303. This grant program requires at least a 40% match of non-state funds. You are required to provide the amount of match as stated in the Financial Assistance Program Cooperative Match Project notification and Exhibit A, Scope of Work, unless your project is completed under budget. Match amount is either as indicated in your proposal or adjusted proportionately if your project is partially funded. Projects completed under budget should match the same percentage of total project cost as identified in your proposal. The award amount may be adjusted for projects completed under budget.

If you cannot leverage the required amount of match, the award will either be adjusted or rescinded. Again, please contact us immediately if you have a question about your ability to match the offered award.

Additionally, if your proposal indicates employing a Colorado Youth Corps or another accredited youth corps association, you are required incorporate them in the implementation of your project.

If you are able to go forward with your project using the award offered, please see the two enclosed pages. Each of these pages will need immediate action from you in order to initiate project implementation:

- 1. Financial Assistance Program Cooperative Match Project notification: After you read the notification, and if you agree with the conditions of participation, please sign and date. Be sure to retain a copy for your records.
- 2. Exhibit A, Scope of Work: After you have read Exhibit A, and if you agree with the conditions of participation, please initial and date. Be sure to retain a copy for your records

Please return the original signed copy of Project Notification and initialed Scope of Work no later than July 1 to:

Naomi J. Marcus, Assistant Staff Forester Forest Management Division Colorado State Forest Service 5060 Campus Delivery, CSU Fort Collins, CO 80523

Upon your acceptance of and CSFS receipt of the returned project award notification and Exhibit A, Scope of Work, you will receive the following items:

- 1. Detailed reimbursement procedures for proper documentation of accomplishments and project costs. This will include a list of items that are eligible for reimbursement and items not eligible for reimbursement.
- 2. Exhibit B, Reimbursement Request: Retain this form and use it to request reimbursement for qualifying project expenses. You may make additional copies if needed.
- 3. Form D, Cost Documentation: Retain this form to document the summary of actual costs and/or values of labor, equipment use and supplies that contributed to the completion of this project. Other formats to summarize cost documentation may be used; be sure to acquire approval from your CSFS District Forester for an alternative format.

Reimbursement will be made for actual costs, not to exceed the award amount specified on your project notification, with consideration of the required match. The amount requested for reimbursement may not exceed 60 percent of the total project cost for the reimbursement period. Remember that your match for the total project cost of the project

period must meet the required cost-share as accepted in your Project Notification and Scope of Work (e.g. if you proposed to provide 50% match, intermittent and final reimbursement requests should indicate at least 50% match of the total project cost for the given project period).

These grant funds may not be used to purchase capital equipment (individual items costing more than \$5,000.00). The appropriate volunteer labor rate to be applied will be the current rate at the time of the reimbursement request.

We require strict documentation. Please be advised your payments will be based on achieving the specifics proposed in your grant as reiterated on Exhibit A, Scope of Work, including treatment of the full quantity of acres as defined in your grant application. This award may be considered as income by the IRS. Please check with your tax advisor if appropriate.

As part of the Colorado Forest Restoration Grant program, we require you to provide a Final Closeout Report at the time of requesting your final reimbursement including the following items:

- Accomplishments: examples include (quantified: # acres treated; # miles of fuelbreak; # of defensible spaces implemented; # of presentations with # of participants).
- Summary of Youth Corps participation, if applicable—this includes crew size, duration of participation, activity.
- Summary of project costs
 - o Summary of actual costs, which are eligible for reimbursement, such as
 - Out-of-pocket expenses
 - Youth Corps
 - Award recipient labor

(This is a sample of actual costs eligible for reimbursement and not an all-inclusive list)

- o Summary of costs not eligible for reimbursement, such as
 - Volunteer labor
 - Equipment purchases

(This is a sample of costs not eligible for reimbursement and not an all-inclusive list)

- Digital before and after photos submitted electronically. Please do not embed tiff or jpg files into other documents or files.
- Electronic map and GIS data—local CSFS District Office must have necessary data to report map of project area.

When you are ready for intermittent reimbursement, or to close out your project and claim final reimbursement, please submit an Exhibit B and Form D to your CSFS District Forester who will certify that the work is complete and the documentation is adequate. Certification by the District Forester will require a site visit to the project location. The

District Forester will then forward Exhibit B and accompanying Form D to the CSFS state office for processing.

Projects must be completed and certified by your CSFS District Forester no later than close of business on April 30, 2015. Your final reimbursement request with your signature, cost documentation and Final Closeout Report must be received by the CSFS District Forester no later than May 15, 2015. CSFS District Foresters must sign and submit the original reimbursement request, cost documentation and approved Final Closeout Report to Naomi Marcus no later than June 6, 2015.

The final 10% of the award amount will not be released until the Final Closeout Report is received and accepted. Your thoroughness in providing complete documentation will help expedite the reimbursement process.

For future reference, your CSFS District Forester is **Boyd Lebeda**. You can reach him at (970) 491-8445 or boyd.lebeda@colostate.edu.

Thank you for your interest in improving the health and sustainability of Colorado's forests and communities!

Sincerely,

Naomi J. Marcus

Assistant Staff Forester

cc: Boyd Lebeda



Cooperative Match Project

COLORADO FOREST RESTORATION GRANT

To be conducted by:

Larimer County

Funding Provided by CSFS:

\$25,000

Minimum Recipient Match:

\$20,000

Project to be Completed by:

April 30, 2015

Documentation due to District Office by:

May 15, 2015

Documentation due to State Office by:

June 5, 2015

(submitted by District Forester)

Based on the strength of the Hermit Park Open Space application submitted by Larimer County the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$25,000 to accomplish the project described in the attached scope of work, Exhibit A.

As the cooperator, Larimer County, will be reimbursed for costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete all work as described in *enclosed EXHIBIT A*, scope of work.
- B. Provide appropriate cost documentation that project funds have been matched at amount stated in proposal which is at a minimum rate of 40%. Your required minimum match is listed above. See notification letter if project is completed under budget.

Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the forms provided, as needed, and a Final Closeout Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

Colorado State Forest Service Attn: Boyd Lebeda, District Forester Fort Collins District 5060 Campus Delivery Fort Collins, CO 80523

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature:

Date:

Larimer County

Mailing Address:

Attn: Meegan Flenniken

1800 S. County Road 31 Loveland CO 80537

Telephone Number:

(970) 679-4562

Email Address:

mflenniken@larimer.org

Fax:

(970) 679-4574

SCOPE OF WORK

Cooperator: Larimer County

Work to be completed: Reduce fuels across 40 acres with harvesting focused on single tree selection removing dwarf mistletoe infected and mountain pine beetle infested trees, removal of undesired trees with defects, and TSI of dog-hair stands. Dense stands with reduce canopy cover to a 15-foot crown spacing. Slash within 50 feet of trails will be piled and slash beyond 50 feet from trails will be lopped and scattered. An accredited Colorado youth corps will be employed to help implement this project. Interpretative signs will also be posted.

Standards or Guidelines: Will meet CSFS guidelines appropriate for treatment. Will comply with standards in Colorado Forest Stewardship Guidelines to Protect Water Quality: Best Management Practices

Project Period: June 12, 2013 to April 30, 2015.

Funded Amount: \$25,000

Minimum cooperator match: \$20,000

All work completed under this project must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the cooperator. Exhibit B entitled "Grant Report/ Reimbursement Request" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Intermittent requests for reimbursement must be accompanied by intermittent project accomplishments. Final requests for reimbursement must be accompanied by a final closeout report depicting total project accomplishments. Minimum reporting items:

- Accomplishments: examples include (quantified: # acres treated; # miles of fuelbreak; # of defensible spaces implemented; # of presentations with # of participants).
- Summary of Youth Corps participation, if applicable—this includes crew size, duration of participation, activity.
- Summary of project costs
 - o Summary of actual costs, which are eligible for reimbursement, such as
 - Out-of-pocket expenses
 - Youth Corps
 - Award recipient labor

(This is a sample of actual costs eligible for reimbursement and not an all-inclusive list)

- o Summary of costs not eligible for reimbursement, such as
 - Volunteer labor
 - Equipment purchases

(This is a sample of costs not eligible for reimbursement and not an all-inclusive list)

- Digital before and after photos submitted electronically. Please do not embed tiff or jpg files into other documents or files.
- Electronic map and GIS data—local CSFS District Office must have necessary data to report map of project area.

Initials:			
			Rev. June 2013

Dec. NBR. 2500513 CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA) CSFS # 805 Rev. 02/04/05 Date: 07-05-2013 Requested By: Boyo LEBEDA Resale to: CSFS Invoice #: Ship To: CSFS FORT COLLINS DISTRICT OFFICE Vendor: LARIMER COUNTY ATTH: BOYD LEBEDA DISTRICT FORESTER ATTN: MEEGAN FLENNIKEN 1800 S. COUNTY ROAD 31 5060 CAMPUS DELIVERY CSUL LOUELAND, CO 80537 FORT COLLINS, CO 80523-5060 (PLEASE PROVIDE COMPLETE ADDRESS) (PLEASE PROVIDE COMPLETE DELIVERY ADDRESS) Reason for Vendor Selection: Sole Source (attach completed Sole Source Justification Form) Terms: Previous Supplier Other Shipping Instructions: Delivery Date: Deliver to: FOB Fort Collins, Colorado FOB Initials Bldg Room Phone # Description of Supplies or Services Unit Price Account Subcode **UOM** Item Total 1 HERMIT PARK OPEN SPACE REDUCE # 25,000 \$ 25,000.00 1929500 6693 2 HB 12-1032 FY 13 FOREST RESTORATION FUELS - SCOPE OF WORK 3 ATTACHED. PROJECT NUMBER 1929500 - FC-06 5 6 8 9

Authorized Signature:

Expenditure Approval: NAOM; MARCUS, PROGRAM MGR. Subtotal: \$25,000.00

10

SPECIAL INSTRUCTIONS:

PLEASE ENCUMBER.

4

Discount: \$

TOTAL: \$25,000.00

Financial Assistance Program

Cooperative Match Project

COLORADO FOREST RESTORATION GRANT

To be conducted by:

Larimer County

Funding Provided by CSFS:

\$25,000

Minimum Recipient Match:

\$20,000

Project to be Completed by:

April 30, 2015

Documentation due to District Office by:

May 15, 2015

Documentation due to State Office by:

June 5, 2015

(submitted by District Forester)

Based on the strength of the Hermit Park Open Space application submitted by Larimer County the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$25,000 to accomplish the project described in the attached scope of work, Exhibit A.

As the cooperator, Larimer County, will be reimbursed for costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete all work as described in *enclosed EXHIBIT A*, scope of work.
- B. Provide appropriate cost documentation that project funds have been matched at amount stated in proposal which is at a minimum rate of 40%. Your required minimum match is listed above. See notification letter if project is completed under budget.

Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the forms provided, as needed, and a Final Closeout Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

Colorado State Forest Service Attn: Boyd Lebeda, District Forester Fort Collins District 5060 Campus Delivery Fort Collins, CO 80523

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature:

Date: 6-27-13

Larimer County

Mailing Address:

Attn: Meegan Flenniken 1800 S. County Road 31

Loveland CO 80537

Telephone Number:

(970) 679-4562

Email Address:

mflenniken@larimer.org

Fax:

(970) 679-4574

EXHIBIT A COLORADO FOREST RESTORATION GRANT

SCOPE OF WORK

Cooperator: Larimer County

Work to be completed: Reduce fuels across 40 acres with harvesting focused on single tree selection removing dwarf mistletoe infected and mountain pine beetle infested trees, removal of undesired trees with defects, and TSI of dog-hair stands. Dense stands with reduce canopy cover to a 15-foot crown spacing. Slash within 50 feet of trails will be piled and slash beyond 50 feet from trails will be lopped and scattered. An accredited Colorado youth corps will be employed to help implement this project. Interpretative signs will also be posted.

Standards or Guidelines: Will meet CSFS guidelines appropriate for treatment. Will comply with standards in Colorado Forest Stewardship Guidelines to Protect Water Quality: Best Management Practices

Project Period: June 12, 2013 to April 30, 2015.

Funded Amount: \$25,000

Minimum cooperator match: \$20,000

All work completed under this project must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the cooperator. Exhibit B entitled "Grant Report/ Reimbursement Request" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Intermittent requests for reimbursement must be accompanied by intermittent project accomplishments. Final requests for reimbursement must be accompanied by a final closeout report depicting total project accomplishments. Minimum reporting items:

- Accomplishments: examples include (quantified: # acres treated; # miles of fuelbreak; # of defensible spaces implemented; # of presentations with # of participants).
- Summary of Youth Corps participation, if applicable—this includes crew size, duration of participation, activity.
- Summary of project costs
 - o Summary of actual costs, which are eligible for reimbursement, such as
 - Out-of-pocket expenses
 - Youth Corps
 - Award recipient labor

(This is a sample of actual costs eligible for reimbursement and not an all-inclusive list)

- o Summary of costs not eligible for reimbursement, such as
 - Volunteer labor
 - Equipment purchases

(This is a sample of costs not eligible for reimbursement and not an all-inclusive list)

- Digital before and after photos submitted electronically. Please do not embed tiff or jpg files into other documents or files.
- Electronic map and GIS data—local CSFS District Office must have necessary data to report map of project area.

COPY

Initials:

Rev. June 2013





Colorado State Forest Service Program Payment Request

	GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
	Bureau of Land Management Task Order Program	
	Volunteer or Rural Fire Assistance (VFA/RFA)	
	Colorado Forest Restoration Grant 2012 H3 し32	X
	Insect and Disease Prevention and Suppression Program	
	State Fire Assistance (SFA)	
	Front Range Fuels Treatment Partnership (FRFTP)	
	Stevens Fuels Treatment Funds (CAFA)	
	Emergency Supplemental Funds (ESF)	
	Checked for Federal suspension and debarment (State Office) https://www.sam.gov/portal/p	ublic/SAM/ 11-06-14
Name:	Larimer County Natural Resource	is (ko
Address:	1800 S. County Fa 31	
	Leveland, co 80537 API	c.s. F.S.
	~	4726159
	ve named has submitted a project application that has been reviewed a plorado State Forest Service.	
Grant Nu	mber: 1929500 - FC - 06 ~ Non-Federal Match: \$20,0	41,56 2
Approved	Funding: \$25,000 ~ Total Project: \$45,041	56 ~
CSFS Acc	ount Number: 1929500 - FC - 06 Amount of Payment: 525	2000
Circle on		nt v
	Manager Signature Sun Jehober-Mathies ~	1-5-14



EXHIBIT B CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you <u>must</u> provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and you must show corresponding match.

1. Project/A	Account #: 1929500-FC-0)6 ~			2. Total Award Amo	unt: 25,000 ^	′
3. Project N	lame: Hermit Park Open	Space HB 12-1032			4. Reimbursed Amou	nt to Date: 0	
Name: La Attn: Me Address:	rimer County Natural Re- egan Flenniken 1800 S. County Road 31			From: July 201	4	d):	ε
specific and	report numbers such as a	cres treated, numbers of d	efensible spaces, tons	of, cubic feet or ya			
densities to a	an average crown spacing	of 15 feet and cut patche	s to create openings in	unnaturally dense	stands of ponderosa ar	nd mixed conifer. S	
	What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be siffe and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, numbe lans written, etc., for which the award was granted. Attach additional sheets as accessary. narily, dense and diseased trees were mechanically removed by hand crews (contracted thru Larimer County Emergency Services). Crews reduced stand sities to an average crown spacing of 15 feet and cut patches to create openings in unnaturally dense stands of ponderosa and mixed conifer. Slash was keed for future pile burning throughtout the majority of the unit, slash was lop and scattered in the steepest and more remote locations. einhoursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request unt must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs recipient. A. Remaining Award B. Reimbursement Requested Amount (recipient cost) B. Reimbursement Requested Amount (recipient cost) C. Match (recipient cost) B-C+D (C+D)E 25,000 25,000 25,000 25,000 25,000 25,000 25,000 26,000 26,000 27,000 28,000 28,000 29,000 20,000						
	Address: 1800 S. County Road 31 Loveland, CO 80537 7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, num of plans written, etc., for which the award was granted. Attach additional sheets as necessary. Primarily, dense and diseased trees were mechanically removed by hand crews (contracted thru Larimer County Emergency Services). Crews reduced stand elasticis to an average crown spacing of 15 feet and cut patches to create openings in unnaturally dense stands of ponderosa and mixed conifer. Slash was stacked for future pile burning throughtout the majority of the unit, slash was lop and scattered in the steepest and more remote locations. 6. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request mount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project corporate or recipient. A. Remaining Award A. Remaini						
	Market Land		2		B+C+D	(C+D)/E	
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Form D



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

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		B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	C. Recipient Cost (reimbursable costs that exceed the award amount and items or	D. Non-recipient Cost*b	E. Total Project Cost = B+C+D	F. Recipient Match Rate = {C+D}/E	Qu c	iobili4	
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DEPARTMENT OF NATURAL RESOURCES

· Visitor Services

• Open Lands
 • Weed Management & Forestry
 1800 South County Road 31
 Loveland, CO 80537
 (970) 679-4570/ (970) 679-4574 FAX
 www.larimer.org/naturalresources

October 31, 2014

Boyd Lebeda Colorado State Forest Service Bldg #1052 Foothills Campus Fort Collins, CO 80523-5075

Dear Boyd,

Please find attached the final reimbursement request for \$25,000 for treating a total of 40 acres with the supporting documentation for the Larimer County Natural Resources Department Hermit Park Open Space HB 12-1032 (Grant Project # 1929500-FC-06).

Project Summary:

Primarily, dense and diseased trees were mechanically removed by hand crews (contracted thru Larimer County Emergency Services). Crews reduced stand densities to an average crown spacing of 15 feet and cut patches to create openings in unnaturally dense stands of ponderosa and mixed conifer. Slash was stacked for future pile burning throughtout the majority of the unit, slash was lop and scattered in the steepest and more remote locations.

Dollars for match were hard dollars from the Larimer County Emergency Services Program, ASU and volunteer time for stacking slash and Larimer County staff time on-site.

Please call if any questions or concerns. As always, it is a pleasure to partner with the Colorado State Forest Service on implementation of forest management activities on our public lands.

Respectfully

Meegan Flenniken

Resource Program Manager

(970) 619-4562

Overall Summary Sheet

\$25,000.00

Hermit Park Open Space Fuels Treatment and Forest Stewardship Project HB12-1032 Grant Award #1929500-FC-06

Final Reimbursement Submittal

Final Reimbursement Request

		Contract Work/Grant Share*	Hard/In-Kind Match**
Personnel/Labor*		\$25,000.00	\$20,041.56
Equipment	_		
Operating			
	Total_	\$25,000.00	

^{*}See attached spreadsheet showing hours worked by contracted crews

^{**}See attached spreadsheet showing both Hard Match and In-Kind Match